DEPARTMENT OF FORENSIC SCIENCE

INTOXILYZER 5000 MONTHLY PREVENTIVE MAINTENANCE/ SIMULATOR SOLUTION CHANGE CHECKLIST

Instrument Serial No._____Date_____

Instrument Location:_____

Simulator Solution Lot No._____

INSTRUCTIONS: This form must be completed on or about the first of each month or before instrument prompt indicates SOL CHANGE FAIL or after the second consecutive OUT OF TOLERANCE. Attach the original copy of SIMULATOR CAL. CHECKS (Certificate of Analysis) to original/white copy of this form. Monthly, send the original/white copy of this form to:

> Breath Alcohol Program
> Department of Forensic Science
> 700 North 5th Street
> Richmond, VA 23219

1. Press F9 to turn off Simulator.

2. Disconnect Simulator Vapor Port Hose and Simulator Return Port Hose at quick disconnect.

3. Remove padlock and locking plate from Simulator Bracket.

4. Remove Simulator from Simulator Bracket and Unscrew Simulator Jar.

5. Place Simulator Top on paper towels and dispose of solution.

6. Dry out Simulator Jar.

7. Verify seal intact on simulator solution.

8. Pour DFS approved pre-mixed simulator solution into a Simulator Jar and screw Simulator Jar onto Top.

9. Place Simulator into Simulator Bracket.

10. Place locking plate and padlock onto Simulator Bracket.

11. Connect Simulator Vapor Port Hose and Simulator Return Port Hose.

12. Press F9 to turn on simulator.

13. Check Simulator Power and Heater Lamp Lights.

14. Monitor Simulator Thermometer until it reads 33.8 - 34.2°C.

15. At correct temperature, press "START TEST" button.

16. Instrument Prompts -

> OPER NAME= - Swipe DFS Operator License through reader.
> ENTER PIN NO.= - Type 5 digit PIN (Enter)
> OPER REVIEW Y/N - Review information

17. When instrument prompts "SUB LAST NAME", Press F3.

18. Type in solution lot no., Press ENTER.

19. Instrument runs self test mode and prints 4 SIMULATOR(s) on Certificate of Analysis.

20. Record results of 4th SIMULATOR

21. Record in logbook as "New Simulator Solution" and enter lot number.

Operator's Name_____

Breath Alcohol Operator License No. _____

SEND ORIGINAL/WHITE COPY TO DEPARTMENT OF FORENSIC SCIENCE   **DFS-70-036A (REV 07/05)**